

**Applicant: John C. Pederson**

**Application No.:** see attached sheet

**Issued:** see attached sheet

**Filed:** see attached sheet

**Docket No.:** see attached sheet



**Declaration of Vidas, Arrett & Steinkraus, P.A.**

My name is Edwin Edgar Voigt II and I am secretary of the firm of Vidas, Arrett & Steinkraus.

I am attaching to this Declaration, true and accurate photocopies of a Minnesota Attorney's Lien as related to John C. Pederson. The total amount of outstanding fees and disbursements owing to Vidas, Arrett & Steinkraus, P.A., is \$23,730.30, as of November 15, 2007.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further acknowledge being warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code.

11-16-07

Date

[Signature]

Edwin E. Voigt, II

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Edwin E. Voigt II, Esq. 952-563-3000</b>
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Edwin E. Voigt II, Esq. Vidas, Arrett &amp; Steinkraus, P.A. 6640 Shady Oak Road Suite 400 Eden Prairie, MN 55344</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

## 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME						
OR						
1b. INDIVIDUAL'S LAST NAME <b>Pederson</b>		FIRST NAME <b>John</b>		MIDDLE NAME <b>C.</b>	SUFFIX	
1c. MAILING ADDRESS <b>621 Roosevelt Road</b>		CITY <b>St. Cloud</b>		STATE <b>MN</b>	POSTAL CODE <b>56301</b>	COUNTRY <b>USA</b>
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Individual</b>	1f. JURISDICTION OF ORGANIZATION <b>Minnesota</b>	1g. ORGANIZATIONAL ID #, if any		<input checked="" type="checkbox"/> NONE

## 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME						
OR						
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE

## 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Vidas, Arrett &amp; Steinkraus, P.A.</b>						
OR						
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>6640 Shady Oak Road Suite 400</b>		CITY <b>Eden Prairie</b>		STATE <b>MN</b>	POSTAL CODE <b>55344</b>	COUNTRY <b>USA</b>

## 4. This FINANCING STATEMENT covers the following collateral:

### Attorney's Lien for:

All intangible assets and intellectual property of debtor now owned or herein after acquired which are or may be used in connection with debtor's business. Expenses incurred for patent and trademark matters totaling \$23,730.30. A lien filed pursuant to Chapter 514.

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						



VIDAS, ARRETT & STEINKRAUS, P.A. 06-75  
6109 BLUE CIRCLE DRIVE, SUITE 2000  
MINNETONKA, MN 55343-9185  
(952) 563-3000

WELLS FARGO BANK MINNESOTA, NA  
MINNEAPOLIS, MN 55479  
17-1/910

44622

11/16/2007

PAY TO THE  
ORDER OF

Minnesota Secretary of State

\$ \*\*20.00

Twenty and 00/100

DOLLARS

TWO SIGNATURES REQUIRED IF OVER \$1500.00

Minnesota Secretary of State  
180 State Office Bldg.  
100 Rev. Dr. Martin Luther King Jr. Blvd.  
St. Paul, MN 55155-1299

*[Signature]*

VOID AFTER 90 DAYS

MEMO

VIDAS, ARRETT & STEINKRAUS, P.A.

Minnesota Secretary of State  
7000 · Expenses:7100 · General & Admin Attorney Lien for Client P76

11/16/2007

44622

20.00

Checking

20.00

<u>File No.:</u>	<u>Title:</u>	<u>Serial No.:</u>	<u>Filing Date:</u>	<u>Atty:</u>
P76.2-10714-US01	Automatic License Plate Observation and Identification System	60/405592	8/23/2002	EEV
P76.2-10714-US02	Intelligent Observation And Identification Database System	10/646853	8/22/2003	EEV
P76.2-10715-US01	Vehicle Undercarriage Identification System and Device	60/405379	8/23/2002	EEV